

# **PROGRAM PROCEDURES**

## **Breast and Cervical Cancer Control Program**

**2003-2004**

Texas Department of Health

## SECTION FOUR: PROGRAM PROCEDURES

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## **I. BCCCP Billing Procedures**

Vouchers for reimbursement of services provided must be submitted at least **monthly**. The voucher should be submitted within 30 days following the end of the month covered by the bill. A make-up voucher may be submitted as a final closeout bill no later than **90 days** following the end of the contract term. Vouchers are to be submitted in an enveloped marked "Confidential" to the Texas Department of Health, Fiscal Division-Accounts Payable, 1100 West 49<sup>th</sup> Street, Austin, TX 78756-3199.

### **A. Fee for Service Clinical and Case Management Services**

Claims for reimbursement of **fee for service clinical and case management** services must be submitted at least **monthly** using the State of Texas Purchase Voucher (TDH Form B-13) **and** a BCCCP Summary Billing (SUM) form. Contractors must indicate **separately** on the voucher the respective amounts claimed for clinical services, support services, and fee-for-service case management. **Support services may only be claimed in association with clinical procedures, and may not exceed ten percent of the amount of clinical services claimed on a voucher.**

### **B. Categorical Case Management Services**

Claims for reimbursement for categorical (regional) case management services must be submitted monthly using Form B-13 only. Contractors must indicate on the voucher that the reimbursement request is for categorical case management services.

### **C. Instructions for completing the Summary Billing (SUM) form**

Use the SUM form to itemize fee for service clinical and case management procedures **to be billed to the BCCCP**. A SUM form must be submitted with a B-13 voucher form for payment to be authorized.

Review each completed program data form (D-19b; D-19c; D-23; D-24) for women that received services in the billing month and identify services that are reimbursable with BCCCP funds.

Complete the identifying information at the top of each SUM form (two forms are provided, page 1 and supplemental pages). You will need to make additional copies from the forms provided.

- **Print** the unique identifying number of the client in the first column (**CD Number**).

- Print the procedure name and CPT code for the procedure in the second column (**CPT Code/ Procedure**); most women will have more than one billable procedure and more than one line will be used;
- Enter the date of the procedure (MM/DD/YY) in the third column (**Date of Procedure**);
- Enter the amount to be billed to CDC in the fourth column (**Billing Amount (CDC)**).
- Enter the subtotal for CDC billable procedures on the row for subtotals at the bottom of the page.
- Enter the "Grand Total" in the space provided (first page only). This is the sum of all subtotals on all pages submitted with voucher.
- Use as many pages as needed, following the same instructions for all pages, making sure to number each page.

**NOTE:** Procedures funded by a source other than CDC should not be reported on the SUM form (although they should still be reported on the appropriate D-23 or D-24 form).

## **II. Program Administrative Report**

### **A. Purpose**

The purpose of the Administrative Report is to assist contractors to monitor their progress throughout the year as it relates to program performance measures. The report also guides the technical assistance needs of each contractor. The BCCCP submits the Administrative Report to contractors on a quarterly basis.

### **B. Components of Administrative Report**

The Administrative Report is based on the BCCCP performance measures and includes:

- Number of women served;
- Mean days from abnormal result to diagnosis;

- Mean days from cancer diagnosis to treatment;
- Percent of clients refusing diagnostic services;
- Percent of clients lost to follow up for diagnostic services;
- Percent of clients refusing treatment;
- Percent of clients lost to follow up for treatment;
- Percent of clients rescreened for breast cancer;
- Percent of program-funded mammograms provided to clients age 50-64; and
- Percent of women receiving program-funded cervical cancer screening services who have not been screened within the previous five (5) years.

### **III. Monthly Packet**

#### **A. Purpose**

The purpose of the Monthly Packet is to provide feedback to contractors regarding pending data and services. The report also guides the technical assistance needs of each contractor. The BCCCP submits the Monthly Packet to contractors on a quarterly basis.

#### **B. Components of Monthly Packets**

The packet can include any or all of the items listed below:

- |                    |                                            |
|--------------------|--------------------------------------------|
| • Error reports    | data form errors/cd number errors          |
| • Billing summary  | billing expenditures                       |
| • Pending list     | abnormal cases pending diagnosis/treatment |
| • Staging list     | cancer cases pending staging information   |
| • Submission table | data form submission information           |
| • Rescreening list | summary of clients to rescreen             |

The monthly packets are mailed to the contractor's designated contact person. Contractors are required to review monthly packets and respond to the BCCCP within ten (10) working days of receipt. The BCCCP will follow-up with contractor upon receipt of contractors corrected items.